

State of Minnesota

County _____

District Court

Judicial District: _____

Court File Number: _____

Case Type: _____

In Re the Custody of:

Born (mo/day/yr) _____

Petitioner

and

Respondent

STATE OF MINNESOTA)
) SS
 COUNTY OF _____)

My name is _____ and I state that:

1. I am the Respondent in this case, and I make this *Affidavit* in support of my responsive motion for custody and parenting time (visitation).

2. A child protection case involving any or all of the children in this case is open:

☐ YES ☐ NO.

If YES, this case is in _____ County in the State of _____, and the case file number is _____.

The child protection worker's name is _____.

3. An *Order for Protection* involving me and the Petitioner and/or the child(ren) exists:

☐ YES ☐ NO.

**Affidavit in Support of
Responsive Motion to Establish
Custody and Parenting Time**

If YES, this case is in _____ County in the State of _____, and the case file number is _____.

A copy of the *Order for Protection* is attached.

4. The children currently live with:

☐ Me

☐ Petitioner

☐ Other person (*print full name*): _____.

I am the child(ren)'s: (*list relationship*) _____.

The other party is the child(ren)'s: (*list relationship*) _____.

The address of the child(ren) is/are: _____

in the City of _____, State of _____,

Zip Code _____. The child(ren) have lived at this address since:

(mo/day/yr) _____.

5. I want the Court to grant **legal** custody of the child(ren) (*check one*):

☐ a. Jointly to both me and Petitioner because _____

☐ b. Solely to (check one):

☐ Me

☐ Petitioner

because _____

6. I want the Court to grant **physical** custody of the child(ren) (*check one*):

☐ a. Jointly to both me and Petitioner with the child(ren) living with me at the following times: _____

and the child(ren) living with Petitioner at the following times: _____

☐ b. Solely to (check one):

☐ Me

☐ Petitioner

7. I believe that my request for physical custody is in the best interest(s) of the child(ren) because (*list your reasons why, **be specific***) _____
- _____
- _____
- _____
- _____

8. I want to respond to things the other party stated at paragraph 4 of his/her *Affidavit*. My response is: _____
- _____
- _____
- _____
- _____

9. I want the parenting time schedule as stated in my *Responsive Motion*. I believe that this schedule is in the best interest(s) of the child(ren) because _____
- _____
- _____
- _____
- _____
- _____

10. I want to respond to the other party's requests for parenting time. My response is: _____

11. I want the Court to order supervised parenting time: ☐ YES ☐ NO

If yes, I believe supervised parenting time is in the best interest(s) of the child(ren) because: _____

12. The Petitioner has asked the Court to order supervised parenting time for me and the child(ren):

☐ YES ☐ NO If yes, I object. My response to Petitioner's statements in paragraph 5 of his/her *Affidavit* is: _____

13. I want the Court to order that the child(ren) be transferred at a **visitation exchange center** if one is located in the area, and for both parties to follow all rules of the visitation exchange center:

☐ YES ☐ NO. If YES, this is the best interest(s) of the child(ren) because _____

If NO, the child(ren) should be transferred at: _____

because _____

Note: The visitation exchange center may require the parties to pay a fee for each exchange.

14. Check all that apply:

- ☐ a. There is currently a court order requiring _____
to pay child support to _____ in the amount of \$_____ per
month.
- ☐ b. I am asking the Court to decide or modify child support based on Minnesota child
support guidelines.
- ☐ c. Other: _____

Current Information About Me

15. I am currently (*check all that apply*):

☐ Married ☐ Separated ☐ Divorced ☐ Living with a companion ☐ Single

16. I am currently (*check one*) ☐ employed ☐ unemployed (*if employed, answer the following*):

a. Employer: _____

b. Address: _____

c. Work telephone number: _____

d. Occupation /Type of work: _____

e. Length of employment: _____

f. Supervisor: _____

g. Gross Pay: \$_____ This ☐ does ☐ does not include overtime pay.

h. Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly

i. Previously employed by _____ for
_____ years prior to the above employment.

17. I have the following additional sources of income:

Commissions \$_____ Pension Payments \$_____

Annuity Payments \$_____ Unemployment Benefits \$_____

Military / Naval Retirement \$ _____ Workers' Compensation \$ _____
 Spousal Maintenance Received \$ _____ Disability Payments \$ _____
 Self-Employment \$ _____ Other \$ _____

18. I receive (*check only if it applies*) ☐ MFIP ☐ Medical Assistance ☐ MinnesotaCare
☐ General Assistance ☐ SSI ☐ Child Care Assistance

19. The joint child(ren) currently receives monthly social security or veteran's benefits in the amount of \$ _____ based on ☐ my disability ☐ the other parent's disability and is paid to ☐ me ☐ other parent.

20. I am court ordered to pay monthly spousal maintenance.
 (*check one*) ☐ YES ☐ NO *If yes, how much?* _____

21. I support the following nonjoint child(ren):

Child's Name	Date of Birth	Relationship	Child support monthly amount	Living in my home
_____	_____	_____	\$ _____	Yes / No
_____	_____	_____	\$ _____	Yes / No
_____	_____	_____	\$ _____	Yes / No
_____	_____	_____	\$ _____	Yes / No
_____	_____	_____	\$ _____	Yes / No

(If ordered to pay child support for any child listed above, provide copies of court orders)

22. My monthly expenses at the present time are as follows (if remarried, include total of household expenses):

	Monthly Payment at Present Time
a. <input type="checkbox"/> House payment or <input type="checkbox"/> Rent	\$ _____
b. Real Estate Taxes, if not included in (a)	\$ _____
c. Association Dues or Lot Rent (for property)	\$ _____
d. Insurance:	
Homeowners, if not included in (a)	\$ _____
Car	\$ _____
Life	\$ _____
e. Utilities: (Average Monthly Amount)	
Gas	\$ _____
Electricity	\$ _____

	Telephone / Cell Phone	\$ _____
	Water and garbage	\$ _____
	Cable TV	\$ _____
f.	Food	\$ _____
g.	Clothing	\$ _____
h.	Laundry/dry cleaning	\$ _____
i.	Personal allowances and incidentals	\$ _____
j.	Magazine and newspapers	\$ _____
k.	Uninsured / unreimbursed medical expenses	\$ _____
l.	Uninsured / unreimbursed dental expenses	\$ _____
m.	Child care expenses	\$ _____
n.	Transportation expenses:	
	Car payment	\$ _____
	License	\$ _____
	Gasoline	\$ _____
	Repairs	\$ _____
o.	Recreation/Entertainment	\$ _____
p.	Child(ren)'s needs (sports/school/hobbies)	\$ _____
q.	Allowances	\$ _____
r.	Other (list) _____	\$ _____
s.	Charge accounts and loans (list):	
	Name of Account	Balance Owed
	1. _____	\$ _____
	2. _____	\$ _____
	3. _____	\$ _____
	4. _____	\$ _____
	5. _____	\$ _____

TOTAL MONTHLY EXPENSES: \$ _____

23. The following people help me pay my current monthly expenses listed in question 22:
☐ Spouse ☐ Companion ☐ Roommate(s) ☐ Relatives ☐ No One

24. The value of the property I currently own by myself or with someone else is:
Home \$ _____
Household goods \$ _____
Purchase price of my home \$ _____
Balanced owed on my home \$ _____
Other real estate \$ _____
Checking/savings \$ _____
Automobiles \$ _____ (year and make) _____
Recreational vehicles \$ _____ (year and make) _____
Personal property \$ _____
Stocks/bonds/etc. \$ _____

Current Information About Other Parent

25. To the best of my knowledge, the other parent is currently:
(check one) ☐ employed ☐ unemployed *(if employed, answer the following):*
- Employer: _____
 - Address: _____
 - Work telephone number: _____
 - Occupation / Type of work: _____
 - Length of employment: _____
 - Supervisor: _____
 - Gross Pay: \$_____ This ☐ does ☐ does not include overtime pay.
 - Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly ☐ Unknown
 - Previously employed by _____
for _____ years prior to the above employment.
26. To the best of my knowledge, the other parent has the following additional sources of income:
- | | | | |
|------------------------------|----------|-----------------------|----------|
| Commissions | \$ _____ | Pension Payments | \$ _____ |
| Annuity Payments | \$ _____ | Unemployment Benefits | \$ _____ |
| Military / Naval Retirement | \$ _____ | Workers' Compensation | \$ _____ |
| Spousal Maintenance Received | \$ _____ | Disability Payments | \$ _____ |
| Self-Employment | \$ _____ | Other | \$ _____ |
27. To the best of my knowledge, the other parent receives *(check only if it applies)* ☐ MFIP
☐ Medical Assistance ☐ MinnesotaCare ☐ General Assistance ☐ SSI
☐ Child Care Assistance
28. To the best of my knowledge, the other parent is ordered to pay spousal maintenance.
(check one) ☐ YES ☐ NO *If yes, how much?* _____
29. To the best of my knowledge, the other parent supports the following nonjoint child(ren):
- | Child's Name | Date of Birth | Relationship | Child support
monthly amount | Living in
the home |
|--------------|---------------|--------------|---------------------------------|-----------------------|
| _____ | _____ | _____ | \$ _____ | Yes / No |
| _____ | _____ | _____ | \$ _____ | Yes / No |
| _____ | _____ | _____ | \$ _____ | Yes / No |
| _____ | _____ | _____ | \$ _____ | Yes / No |
| _____ | _____ | _____ | \$ _____ | Yes / No |

Parents Health Care Coverage Information

Only answer if you are asking for a change in health care coverage and/or dental coverage for the joint child(ren).

30. **About me:** *(check all that apply)*
- ☐ I am court ordered to carry health care coverage for the joint child(ren)
 - ☐ I now have private health care coverage available for the joint child(ren)
 - ☐ I do not have or no longer have private health care coverage available for the joint child(ren)

- ☐ I cannot afford to pay my proportionate share of health care coverage for the joint child(ren)
- ☐ My proportionate share of health care coverage for the joint child(ren) should be changed
- ☐ I am court ordered to maintain health care coverage for other nonjoint children and coverage is in place for other nonjoint children.
- ☐ I have private health care coverage and/or dental insurance coverage in place for the following people: _____

Cost of monthly health care coverage for self: \$ _____

Cost of monthly health care coverage for dependents: \$ _____

Cost of monthly dental insurance for self (if separate coverage from health care coverage):

\$ _____

Cost of monthly dental insurance for dependents (if separate coverage from health care coverage): \$ _____

31. Currently, there is:

- ☐ no court order that directs either parent to carry private health care coverage for the joint child(ren).
- ☐ a court order that directs ☐ me ☐ the other parent to carry private health care coverage for the joint child(ren).
- ☐ Medical Assistance ☐ MinnesotaCare currently in place for the joint child(ren).

32. **About the other parent:** *(check all that apply)*

- ☐ The other parent is court ordered to carry health care coverage for the joint child(ren)
- ☐ The other parent has private health care coverage available for the joint child(ren)
- ☐ The other parent does not have or no longer has private health care coverage available for the joint child(ren)
- ☐ The other parent is court ordered to maintain health care coverage for other nonjoint children and coverage is in place for other nonjoint children.
- ☐ The other parent has private health care coverage and/or dental insurance coverage in place for the following people: _____

Cost of monthly health care coverage for self: \$ _____

Cost of monthly health care coverage for dependents: \$ _____

Cost of monthly dental insurance for self (if separate coverage from health care coverage): \$ _____

Cost of monthly dental insurance for dependents (if separate coverage from health care coverage): \$ _____

Child Care Obligation

Only answer if you are asking for a change in child care support for the joint child(ren).

33. ☐ I am court ordered to pay a proportionate share of child care support and the amount of child care support has changed.
- ☐ There is no court ordered child care obligation and I have child care expenses.

34. If there is an existing court order for monthly child care expenses, list the court ordered amount: \$ _____

35. The **current** total monthly costs of child care are \$ _____

36. The following is additional information regarding the reasons I am requesting to establish custody and parenting time: _____

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

Signature

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

E-mail address: _____